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# The History of A Sanitary Failure.



Extracts (mainly from official sources) showing

THE RESULTS OF 90 YEARS EXPERIMENTS  
in the  
HYGIENIC REGULATION OF PROSTITUTION  
IN INDIA.



Compiled by

HENRY J. WILSON, M.P.

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THE ABOLITION OF STATE REGULATION OF VICE.  
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1897

*A desire for the re-establishment in India of the Contagious Diseases Acts, or Lock Hospital System, or regulations under Cantonments Acts, was indicated by questions put to Her Majesty's Ministers in the House of Commons on 23rd and 30th March, 30th July, and 7th, 11th, and 13th August, 1896. As a result, an enquiry into the statistics of disease was promised.*

*This system—known also as “Regulation,” and the “Police des Mœurs,”—comprises police supervision of prostitution, medical inspection of women, and imprisonment in hospital of such as are found to be diseased.*

## THE HISTORY OF A SANITARY FAILURE;

BEING AN EXTENSION OF STATEMENTS MADE AT THE CONFERENCE  
OF THE INTERNATIONAL FEDERATION FOR THE ABOLITION OF  
STATE REGULATION OF PROSTITUTION, HELD AT BERNE,  
16TH-18TH SEPT., 1896, BY HENRY J. WILSON, M.P.

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The Regulation system is grossly immoral. That is the main ground on which it has been attacked—on which it ought to be attacked. Its advocates generally admit that it cannot be defended on moral grounds; and they fall back on medical grounds; maintaining that success from a sanitary point of view is a sufficient justification for such a system.

It is therefore desirable sometimes to fight our opponents with their own weapons, and to show that the effort to “render the “practice of prostitution, if not absolutely innocuous, at least “much less dangerous,” has been a dismal failure.

The statistics of disease put forward by Regulationists in support of their hobby have been exposed again and again, notably by Sir James Stansfeld and Dr. Nevins, who have demonstrated that the Regulation system is condemned by these very statistics.

The object of this paper is not to discuss the moral aspect of the question, nor to deal with statistics, but to show, chiefly by quotations from official sources, that the history of Regulation in India is a history of failures. It will also show, incidentally, what the system really is, and the lengths to which its admirers are ready to carry it. But it will not attempt to give a complete history.

It will be seen that the reasons given for the failure of the Regulation system in India fall into two classes, and that the remedies which are suggested fall into corresponding classes. One class of opinions is that the system has failed because, even under the best regulations which are practicable, success is impossible. The corresponding suggestion is that the system should be abandoned, and reliance placed on moral means alone. The other class of opinions is that the system has failed because it has not been stringently carried out, or because the authorities have been too squeamish. The corresponding suggestions are, that fresh classes of women should be brought under police control and medical inspection, and that elaborate arrangements should be carried out for gratifying the passions and meeting the convenience of profligate men,

## DR. GORDON'S "NOTES."\*

(1.) Dr. Gordon, who held important official positions in India, and had access to official documents, says, as to the Madras Presidency :—

1805. Lock hospitals "were set on foot at all the larger stations of the Madras Presidency."

1808. "A Report on their working stated that with two exceptions, cases of venereal diseases had *increased since* the lock hospitals had been opened, observing at the same time that the increase in question was chiefly attributable to the want of an efficient police to take up infected or suspicious women."

1809. "Nine out of the 17 hospitals of this nature were accordingly abolished by order of Government."

1810. It was stated that one soldier in seven at Bangalore was diseased. Lock hospitals were re-established in the stations in the Madras Presidency where there were British troops.

1832. The Directors of the East India Company reconsidered the propriety of abolishing lock hospitals, "Lord Bentinck having stated his opinion that 'a more useless plan was never devised for preventing the diffusion of venereal, and that they had utterly failed.' The Madras Medical Board thought otherwise. . . . Their opinion, however, was set aside, and in 1835, the hospitals in question were closed by order of the Government."

1838 and 1839. It was stated that disease had increased.

1842. The hospitals were "re-opened at several stations, although more as charitable institutions than upon their former footing."

1855-59-60. Regular lock hospitals were re-opened at several other stations.

1861. "Registration and inspection . . . were made obligatory, and . . . have continued with trivial modifications," till 1890.

(2.) Dr. Gordon says, as to the Presidency of Bengal :—

1828. There is evidence that the lock hospital (that is Regulation) system was in operation at some stations.

1830. The lock hospitals were abolished, after the Bishops of Calcutta and Bombay had protested against them.

There were conflicting reports as to the increase or decrease of disease. It is recorded that "*regulations were privately enforced* such as would not have been sanctioned by the higher authorities." A further statement is that "orders were issued for its suppression, but somehow or

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\* "Notes on the Early History of Contagious Diseases Acts in India. By Surgeon-General C. A. Gordon, Hon. Physician to Her Majesty the Queen."—*Medical Press and Circular*, April 30, 1890.

"other, although not officially recognised, the system continued for many years afterwards." (Compare paragraph 44.)

1838. The Medical Inspector-General observed that the *immediate result* of the abolition of lock hospitals was a *decrease* in the disease, "and this decrease continued up to 1837 inclusive," that is for seven years.

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ROYAL COMMISSION, 1859-1863.

(3.) 25th Nov., 1859. Sir Ranald Martin, C.B., F.R.S., Physician to the Council of India, in giving evidence said, Police regulations "were formerly enforced at the stations; and "courses of inspection and locks were established, but they "have been **established and abolished, and established and abolished over and over again**, so that I do not know "what is now in existence, or whether there is anything in "existence on the subject." (Vol. i., Q. 112.)

(4.) Prior to 1860—date not known—Lord Fitzclarence, Sir Bartle Frere, Sir John Lawrence, and General Jacob condemned Regulation in India. General Jacob said: "The proper and only wise method of reducing this disease "is to improve the condition, the state of moral being, of "those who resort to these women. Coercion of every kind "always increases these evils. *Moral forces alone are of any "value.*" (Vol. ii., Page 822.)

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ROYAL COMMISSION, 1871.

(5.) What the system really was is described in the evidence of Dr. Ross, who, referring to his Indian experience, which appears to have been from 1859 to 1868, says:—

"When a regiment arrives in India, a certain establishment is told off for each regiment as it arrives, and amongst others there is an establishment of prostitutes, who are housed in the bazaars, and regularly looked after by the matron appointed for the purpose, and superintended and examined by the surgeon of the regiment." (Q. 15,129.)

"When a regiment goes on a line of march, there is a form to be filled up, and in one column there is amongst the camp-followers one for prostitutes, showing the number who are permitted to follow the regiment; and those women we made a point of examining every fortnight." (Q. 15,168.)

"There is a head woman under the name of the Matranee, who is at the head of the kusbees or prostitutes. She selects the women. She is told that such and such a regiment is coming into the station, and, according to whether the regiment has had a name sent before it or otherwise, she gets a small or a large number of women to come to her." (Q. 15,179.)

"When I got to India with my regiment . . . there were only 12 women came, but I desired that they should increase



the number, because I knew it would only be a source of disease afterwards, having such a small number of women for such a large number of men." (Q. 15,180.)

"There is a certain class in India who are prostitutes by profession, and it is difficult to get the other classes to become prostitutes except occasionally and on the sly. Those you cannot lay your hand upon." (Q. 15,183.)

Dr. Ross' evidence was confirmed by that of Lieutenant-General Lord Sandhurst. (Q. 15,194—15,275.)

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#### RESULTS UNFAVOURABLE, 1871.

(6.) Mr. A. C. C. de Renzy, Surgeon and Sanitary Commissioner of the Punjab, says in his Report to the Government, "The results of the measures that have been taken for the last four or five years for the prevention of venereal diseases in this country, **afford us no ground for congratulation.** In the last five years little short of five lacs [nearly £50,000] have been spent on the prevention of venereal diseases, . . . And after all, there is nowhere any substantial sign of permanent improvement."

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#### REPORT ON SANITARY MEASURES IN INDIA IN 1874-75.†

(7.) The Army Sanitary Commission remarks:—

"It is a number of years since lock hospitals were established at Indian stations, and since police rules have been in force, and these are the results. . . . The entire past experience appears to bear out this view, **already expressed by the Commission, that the amount of venereal disease in the Indian Army is irrespective of lock hospitals,** and depends on other yet undiscovered points about the disease. Practically, there can be no doubt that the whole past experience has justified Dr. Cuninghams\* own opinion, expressed in the present Report, that, 'whatever view may be taken of the question, it is evident 'that the rules for the prevention of venereal disease among 'European troops have in great measure failed, and the results 'have fallen far short of what was anticipated.'

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† This is the first of a series of Reports annually presented to Parliament. Each of them consists of Abstracts of Reports from the Sanitary Commissioner with the Government of India, and the Sanitary Commissioners of various provinces. On each of these Reports the Army Sanitary Commission in London furnishes a "Memorandum." The whole is preceded by a general statement prepared in the India Office. Extracts from these documents, and in two instances from a special Memorandum of the Army Sanitary Commission, form a great part of this pamphlet. Had the whole of the available material been utilized this pamphlet would have been several times its present length. It will be seen that the extracts are taken in part from the earlier years, in part from about the middle, and in part from the latest available years.

The Army Sanitary Commission consists of eight leading Military and Medical experts, and is the highest official authority on questions affecting the health of the Army

Dr. Cuninghams was then the Sanitary Commissioner with the Government of India.

"If the rules cannot be worked so as to produce better results, **the question must soon be asked whether they are not positively injurious, by leading men to depend on a security from disease which does not exist?**" (Page 133.)

(8.) The Army Sanitary Commission remarks on Madras :—

"The facts, taken as a whole, show the same remarkable variations in the amount of syphilis year by year, and also station by station, to which the Commission has directed attention in previous years. It must apparently be admitted that the prevalence of syphilis at any given time is influenced by other causes than mere infection. The year's tables show 'a very 'unsatisfactory retrogression' as compared with the results during the preceding four years. At several protected stations a very large increase of syphilis took place, which is accounted for, in the opinion of medical officers, by insufficiency in the police supervision. The complaint on this subject made in old times is simply repeated now. Formerly, the result led to the abandonment of lock hospitals.

"Dr. Gordon's own view is expressed as follows :—'It must 'be admitted that the beneficial effects of lock hospitals are not 'apparent in the above table, but as these institutions are 'powerless in checking the spread of disease unless stringent 'measures in regard to registration and examination of prostitutes 'are enforced, it is to be hoped that these chief points in the 'working of the Contagious Diseases Act may receive the 'attention they require.'" (Page 173.)

(9.) The Army Sanitary Commission, commenting on the Reports on lock hospitals of Madras Presidency, says :—

"It is not intended to raise any cavil on the subject, but it is not easy to evade the conclusions deducible from the facts as a whole, viz., **that the amount of syphilitic disease at these stations does not depend on the existence or non-existence of lock hospitals**, or, as an alternative, that the regulations are inadequately or irregularly applied, and do not include all the classes from which infection may come.

"These points are dealt with in the Reports for 1873 and 1874, in the last of which are reproduced new facts, which are in reality very old facts reproducing themselves in the experience of to-day.

"In the 1873 Report, the presumed cause of decline in efficiency of the regulations at certain stations is the same as formerly alleged, namely, that disease is contracted not so much from registered as from clandestine prostitutes, the latter being patronised more or less by troops from choice and opportunity. This is an old evil, and it will tax local ingenuity to deal with it." (Pages 191-2.)

"Up to the present time, it is to be feared that the experience of lock hospitals in Madras Presidency reads like an

argument, if not for their suppression, at least against any reliance being placed on their efficacy in protecting British troops from these diseases. The whole question was carefully considered by the Royal Commission on the Sanitary State of the Indian Army; and, while acceding to the propriety of a further trial of measures of the class which have been re-introduced in India, the Commissioners conclude with the following expressions of opinion, the force of which has certainly lost nothing from late experience of the effect of these Indian regulations:—

“There is one means of reducing temptations resulting in ‘sexual disease which ought to be encouraged, and that is to ‘improve the soldier’s condition in the way of occupation, instruction, and recreation; in fact, to occupy his wasted time ‘beneficially and rationally. The late General Jacob was fully ‘aware of this when he stated that ‘moral forces alone are of any ‘value.’ So far as we can deal with this question, **occupation ‘appears to us to afford the most reasonable hope of ‘diminishing this great scourge**, by leading men away from the ‘canteen and from vice.’” (Pages 192-3.)

(10.) The Army Sanitary Commission remarks on Bombay:—

“Some stations exhibit a much greater number of admissions from various forms of venereal disease than others, and the curious fact is repeated in these Bombay stations which has been observed in other parts of India, that **stations unprotected by lock hospitals do not always afford so high a proportion of admissions as protected stations.**” (Page 177.)

#### REPORT ON SANITARY MEASURES IN INDIA, 1875-76.

(11.) “Dr. Cuninghame is strongly impressed with the apparent failure of the lock hospital system in diminishing venereal disease among British soldiers in India, and observes that it is very evident either that the women who are the source of mischief escape detection, or that registered women, although apparently healthy, are yet capable of propagating disease.” (Page 24.)

“The Government expressed their belief\* that by a steady and discreet application of the means provided by the Act, much may be done to decrease venereal disease among British troops.

“The Army Sanitary Commission gather from the reports that to keep down clandestine prostitution ‘would require a ‘degree of zeal and hourly watchfulness which is never likely to ‘be carried out.’” (Page 26.)

(12.) The Sanitary Commissioner with the Government of India says:—

“ . . . It is sufficient to point out that, in spite of a very general introduction of the rules for the prevention of

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\* Many years subsequent experience afford, as the following pages will show, a strange commentary on this sanguine “belief” of Government!



venereal disease among European troops, **the results hitherto have been a failure.** . . . The practical question to be determined is, what effect have the lock hospitals in numerous stations over the country had in diminishing venereal disease among British soldiers in India, and the answer that must be given to this question is not favourable. . . . **Nowhere has any permanent and decided impression been made on this class of diseases.** . . . **The stations with lock hospitals have established no decided superiority over those without them.** It is argued that the disease is now of milder type than it used to be: but no facts have been adduced in support of this statement, nor does it appear how such a result could have been attained, unless it be admitted that the disease is contracted from the registered women, for the others are under no surveillance, and cannot have been affected by the system. **It is very disappointing to be obliged to acknowledge that the lock hospitals have failed.** They were introduced at the recommendation of the Sanitary Department, and year by year their working has been carefully watched, and suggestions have been made by that Department in the hopes that success would yet be attained; but so far these hopes have not been realised, and it is very evident either that the women who are the real source of evil still escape detection, or—and this is a danger which does not appear to be sufficiently appreciated—that registered women, though to all appearance healthy, are yet capable of propagating disease.” (Page 73.)

(13.) The Army Sanitary Commission remarks on Madras:—

“Whatever may be alleged as the causes of these very various admission rates, one thing appears to be self evident, viz., that lock hospitals and police regulations have hitherto failed to check this serious cause of inefficiency in the Madras Army.” (Page 177.)

(14.) The Army Sanitary Commission, commenting on the lock hospitals of Madras, says:—

“ . . . So far as past experience enables an opinion to be formed on these ‘protective’ measures in Madras Presidency, it must apparently be that the results have scarcely justified the trouble, outlay, and interference with personal liberty which they have involved; and there is no evidence to show that they have materially lessened the amount of venereal disease among British troops.” (Page 256.)

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CIRCULAR OF COMMANDER-IN-CHIEF, 1876.

(15.) On the 8th May, 1876, the Commander-in-Chief in India issued a circular pointing out, amongst other things, that “the number of women on the register is not in proportion to the number of men who visit them,” and suggesting “the improvement of the conditions under which the women ply their trade. . . .” (Parliamentary Paper, No. 197 of 1888, Pages 5-6.)

## REPORT ON SANITARY MEASURES IN INDIA, 1876-77.

(16.) The Sanitary Commissioner with the Government of India says :—

“Towards the close of 1876 each Local Government was asked to submit a review of the working of the lock hospitals within its province, and the general result of the enquiry has been to show that the chief obstacle to the greater efficiency of the lock hospital system is the difficulty of controlling unlicensed prostitution.” (Page 55.)

(17.) The Sanitary Commissioner for Bombay says :—

“It is not satisfactory to find, after all the expense incurred by putting the Contagious Diseases Act into force, that venereal diseases should be as prevalent as they are here shown to be. The real fact is, that however good the police and medical arrangements may be in compelling resident prostitutes to register themselves, and in detecting cases of disease among such women, they are yet powerless to prevent illicit intercourse with women in the fields and along the roads in the vicinity of cantonments. It would be impracticable to try and prevent this by establishing a cordon of police; but several officers have mentioned to me their belief that the establishment of regimental Lal Bazaars\* would tend to diminish this practice. . . . In my opinion, the real measures to adopt lie in quite another direction. I am certain that the enforced idleness of the life the British soldier leads in India tends very materially to the prevalence of both drunkenness and incontinence, and that **the only effectual remedy** for diminishing the large annual loss of service to the State from each of these vices is to afford the men **such healthy employment as will occupy their minds**, and so lessen the temptation to commit them.” (Page 97.)

(18.) The Army Sanitary Commission remarks on this :—

“This was the view of the Royal Commission, stated 15 years ago. **The remedy has never been properly tried, and despite all other measures, drunkenness and vice are as rife as they were.**” (Page 142.)

(19.) The Army Sanitary Commission says, as to lock hospitals in India :—

“Whatever police measures may be tried in attempting to diminish the present evil, it must not be overlooked that the evil itself is a moral one, and in this aspect is to be remedied only by the gradual moral elevation of the soldiers, and by the growth of self-control among them, aided by more rational diet, abstinence from strong drink, and facilities for occupation. . . .

“These were substantially the remedies proposed by the Royal Commission on the Sanitary State of the Indian Army 15 years ago, and the intervening experience has made no change in their apparent necessity.” (Page 219.)

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\* Groups of rooms or huts for prostitutes.

The Medical Officer at Kamptee "expresses his 'emphatic opinion that, until stringent rules are framed for the supervision of all female punkah coolies, grass cutters, and the host of other native females employed in and about barracks, these women will always form a fruitful source of venereal disease among the troops.'" (Page 222.)

" . . . If Secunderabad exhibits the best attainable results with what appears to be a tolerably complete organization, and if it can be rendered nugatory in this way by clandestine prostitution, the question naturally arises as to what is the use of the lock hospital and registration?" (Page 223.)

#### REPORT ON SANITARY MEASURES IN INDIA, 1877-78.

(20.) " . . . The annual ratios for the Army, as a whole, show no steady and gradual improvement, and the important fact is pointed out by Dr. Cuninghame that there is often no relation between the forms of disease which affect the men and those from which the women suffer." (Page 18.)

(21.) The Army Sanitary Commission says:—"There is no proof that any improvement in the health of British regiments has been effected by lock hospitals." (Page 107.)

(22.) The Army Sanitary Commission says, as to Madras:—

"*Venereal Disease*.—As we have noticed this subject on other papers, it is unnecessary to refer to it further than to call attention to the apparent failure of lock hospitals and police regulations in checking these affections." (Page 177.)

(23.) The Army Sanitary Commission says, as to Bombay:—

"Bombay, which has no lock hospital, had fewer admissions in both years than many stations which have them." (Page 181.)

(24.) The Army Sanitary Commission, commenting on the lock hospitals of Madras, says:—

"These are the year's facts so far as they bear on the health of British troops. And it may be asked: If these facts are in any sense to be accepted as a success for the present protective machinery, what kind of facts would indicate a failure?"

"It is easier to expose failures than to suggest feasible remedies. The only light as to any such lies in the complete suppression by the police of clandestine prostitution. If this cannot be accomplished, then it will be for the Government to consider whether there is anything in the past experience of these preventive measures to justify the cost of their continuance. The idea of recurring to *lal bazars*, which appears to have suggested itself as the last possible remedy for an evil which, as we have before pointed out, is a moral one, is out of the question on the



ground of its immorality. Its tendency would be to increase the mischief, and it would, moreover, leave untouched the whole question of clandestine prostitution." (Page 196.)

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DESPATCH FROM THE VICEROY AND HIS COUNCIL AS TO  
THE FAILURE OF THE SYSTEM.

(25.) 16th June, 1882. The Government of India (Lord Ripon, Viceroy), in a despatch to Lord Hartington, discusses at considerable length, not only the failure of the Indian Contagious Diseases Act, but also the "risk of oppression and injustice," and says: "For all these reasons we are of opinion that the time has come to abandon a measure which has never in practice been a complete success; which is odious in the eyes of our native subjects, and in those of a large and influential class of Europeans. . . . We shall be glad to know that your Lordship concurs in these views, and consents to the early repeal of Act XIV. of 1868.\*

"In the above observations we have not dealt with the lock hospital system as applied to cantonments. As your lordship is aware, the measures taken for repressing venereal disease among European soldiers in this country have also proved unsuccessful. . . ." (Parliamentary paper, No. 200, of 1883, Page 66.)

26th October, 1882. The Secretary of State for India (Lord Hartington) replied that he deemed it premature then to repeal Act XIV. of 1868, but he gave permission to suspend its operation. (Idem, Pages 72-74.)

Enclosed with this reply was a Memorandum of the Army Sanitary Commission, dated 9th September, 1882, reviewing the circumstances at some length, and concluding thus:—

"The result of this protracted inquiry and discussion therefore is:—

"1. That Contagious Diseases Acts have failed in India to protect the health of troops from venereal diseases.

"2. That there are no facts on which the continuance of the present measures can be sustained.

"3. That as the sources of infection are on all hands admitted to lie amongst classes of population which cannot be brought under these Acts, the Commission would suggest that the true remedy for the existing state of the disease may be found to be in a properly organised system of dispensary and hospital relief for the use of all classes, and strictly voluntary in its application." (Idem, Page 76.)

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ANOTHER CIRCULAR OF COMMANDER-IN-CHIEF, 1883.

(26.) 26th November, 1883. The Commander-in-Chief in India

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\* The Indian "Contagious Diseases Act."



issued a circular containing a number of minute directions facilitating prostitution in cantonments, and urging, amongst other things, that the Dhai (a woman employed to look after the prostitutes—usually an old prostitute herself) “should examine the women daily between the periodical inspections of the medical officer.” It was stated that “His Excellency will be prepared to sanction any reasonable expenditure from Cantonment funds for the purposes suggested.” (Parliamentary Paper, No. 197, of 1888, Page 7.)

#### REPORT ON SANITARY MEASURES IN INDIA, 1883-84.

(27.) “Venereal diseases were even more common in the European Army in 1883 than in the previous year . . .”

“In the 14 years ending 1883, the average admission-rate for the whole Army in protected stations was 223 per thousand, while in unprotected stations it was only 3 per thousand higher.” (Page 3.)

(28.) The Sanitary Commissioner with the Government of India says:—

“The diminution of venereal diseases in protected stations for the Army as a whole is quite insignificant.” (Page 59.)

(29.) The Army Sanitary Commission says:—

“It is unnecessary to discuss the subject, as all the past experience shows that none of the methods hitherto adopted for dealing with them [i.e., *the diseases*] appear to have made any material impression on their amount.” (Page 130.)

#### THE SURGEON-GENERAL'S OPINION.

(30.) 9th June, 1884. Sir Anthony Home, K.C.B., V.C., Surgeon-General and Principal Medical Officer, British troops, in India, says:—“It is surely obvious that failure after 17 years' application means nothing more nor less than the hopeless inadequacy of the measure to effect the purposed end.” (Parliamentary Papers, 200 of 1883, Page 75; and 158 of 1888, Pages 10 and 4.)

#### YET ANOTHER MILITARY CIRCULAR.

(31.) 12th July, 1884. An official circular was issued to officers commanding stations, drawing attention “to the desirability, when constructing free quarters for registered women, of providing houses that will meet the wishes of the women. **Unless their comfort and the convenience of those who consort with them is considered,** the result will not be satisfactory.” (Parliamentary Paper, No. 197, of 1888, Page 7.)

## REPORT ON SANITARY MEASURES IN INDIA, 1884-85.

(32.) "In spite of police and lock hospital precautions, the admissions from these diseases continue to increase." (Page 3.)

(33.) As to Madras, the Surgeon-General states:—

"We are forced to admit—by a perusal of the figures—that lock hospitals have hitherto been kept up for the propagation of venereal amongst British soldiers, though originally established with a very different intention." (Page 30.)

(34.) The Sanitary Commissioner for Madras says:—

" . . . All our efforts to improve matters have been of no avail." (Page 96.)

(35.) The Army Sanitary Commission says:—

"The whole subject appears to be surrounded with insurmountable difficulties, for in every Government the disease has advanced in the face of every means of prevention which have been adopted." (Page 153.)

## REMARKABLE INSTRUCTIONS FROM THE COMMANDER-IN-CHIEF.

(36.) 17th June, 1886. Under instructions from Lord Roberts, then Commander-in-Chief, a circular memorandum was issued by Major-General Chapman, drawing attention to twelve previous circulars on this subject, three of which have been already referred to in this paper. (See paragraphs 15, 26, and 31.) This very important memorandum is too long to be quoted in full, but it may be purchased from Messrs. Eyre and Spottiswoode; price one penny. It is stated, amongst other things, that it is necessary—

"To arrange for the effective inspection of prostitutes attached to regimental bazaars, whether in cantonments or on the line of march."

"To have a sufficient number of women, to take care that they are sufficiently attractive, to provide them with proper houses, . . ." (Parliamentary Paper, No. 197, of 1888, Page 3.)

## THE INSTRUCTIONS PROMPTLY COMPLIED WITH.

(37.) 9th July, 1886. The officer commanding the Connaught Rangers at Jullunder wrote to the Assistant Quarter Master-General:—"The cantonment magistrate has already on more than one occasion been requested to obtain a number of younger and more attractive women, but with little or no success; he will be again appealed to . . ." He further urges as desirable that the cantonment magistrates should "give all possible aid to commanding officers in procuring a sufficient number of young, attractive, and healthy women." (*Part of this document is unfit for quotation.*)

Same date. The following application was made to the cantonment magistrate at Umballa :—

2ND CHESHIRE REGIMENT.				
Requisition for extra attractive women for Regimental Bazar . . . in accordance with Cir. Memo., No. 21a. Office of the Qr. Mr. General in India, dated Simla, 17th June, 1886.*				
Station.	Strength of N.C. Officers and Men.	No. of women present.	No. of extra women now required.	REMARKS.
†Solon, 9 July, 1886.	400	6	6	* These women's fares by Ekkas (2) from Umballa to Solon will be paid by the Cheshire Regiment on arrival. Please send young and attractive women, as laid down in Qr. Mr. General's Cir., No. 21a, dated Simla, 17.6.86.

This requisition not being promptly complied with, the Assistant Quarter-master General was appealed to on the 6th August, as follows:—"Some of the women now with the headquarters of the 2nd Battalion Cheshire Regiment are not very attractive, and application has been made to the Cantonment Magistrate, Umballa, for others, but up to date none have arrived, therefore, it is presumed a great difficulty exists in procuring the class of young women asked for."

24th July, 1886. The officer commanding the Artillery at Jullunder, wrote:—"There are not enough women, and they are not attractive. More and younger women are required, and their houses should be improved."

28th July, 1886. The officer commanding at Jutogh, wrote:—"I have ordered the number of prostitutes to be increased to twelve, and have given special instructions as to the four additional women being young and of attractive appearance."

(38.) During this year, 1886, there are numerous references of a more or less similar character—the number of women being "too small for so large a garrison"—"registered women are detailed to accompany batteries and regiments into camp"—"endeavour to induce a greater number of prostitutes to reside in cantonments by making their residence there more attractive"—"assistance would be given from the cantonment funds . . . to enable the women to furnish their houses so as to make them convenient both for themselves and their visitors"—"daily examinations"—"a number of these women were allowed to go to the musketry camp"—changing the "women in the regimental

\* See Paragraph 36.

† Solon, near Simla, is described in Hunter's Gazetteer as a small cantonment and hill sanitarium.

brothels, others being substituted for them at intervals"—"the regimental matron lacks energy, and does not take trouble to attract good-looking women"—the houses should be "made comfortable for the prostitutes and those who visit them." (Report of the Working of the Lock Hospitals of the N.W.P. and Oudh for 1886.)

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RESOLUTION OF THE HOUSE OF COMMONS.

(39.) 5th June, 1888. The following resolution, moved by Mr. McLaren, was carried in the House of Commons without a Division:—"That in the opinion of this House, any mere suspension of measures for the compulsory examination of women, and for licensing and regulating prostitution in India, is insufficient; and the legislation which enjoins, authorises, or permits such measures, ought to be repealed."

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REPORT ON SANITARY MEASURES IN INDIA, 1892-93.

(40.) The Sanitary Commissioner with the Government of India, says:—

"But if the lock hospitals really possessed anything like the protective power that was expected from the institution of them, it is reasonable to expect that no cause or influence should have prevailed against them. Nor should they, if the working of them reached all those persons against whom it was intended to protect the troops. **It has long been recognised by persons conversant with their management that such was not the case and probably could not in practice ever be made the case.**" (Page 58.)

(41.) The Army Sanitary Commission, commenting on the Report of the Sanitary Commissioner, says:—

"In a separate memorandum which we submitted in December, 1893, we discussed this question at some length, and gave the reasons why we arrived at the conclusion that the evil had been very slightly mitigated in India under the lock hospital system, and that the re-introduction of this system on sanitary grounds could not be recommended. (Page 160.)

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REPORT ON SANITARY MEASURES IN INDIA, 1893-94.

(42.) The Army Sanitary Commission, commenting on the Report of the Sanitary Commissioner, says:—

"It is hard to conceive a more unsatisfactory state of things in every way, but how it is to be remedied is a **problem which we confess we have been altogether unable to solve.** . . . We have not recommended the re-establishment of lock hospitals, partly because we are well aware that any recommendation of this kind would be a mere waste of time, and still more so, because the beneficial results of lock hospitals in India during the time they were in force fell far short of what had been anticipated, and are not such as favour their being revived. . . . We draw attention to the figures to show **how beset with**



difficulty the subject is, and that the vast amount of inefficiency which these diseases cause cannot be so easily removed, as many seem to suppose." (Page 169.)

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#### A COMPREHENSIVE OFFICIAL REVIEW.

(43.) A specially important "Memorandum, by the Army Sanitary Commission, on the statistics . . . for the year "1892," says:—

"That venereal diseases prevail among European soldiers in India to such an extent as to constitute a most serious cause of inefficiency in the Army is a fact which admits of no question, and the grave character of which can hardly be exaggerated. . . .

"2. But while there is no doubt whatever as to the vast extent of this evil, there is great difference of opinion as to what may or can be done to check it. Many people treat the whole matter as if both the cause and the remedy were very simple. The lock hospitals, they say, have been abolished, and hence venereal diseases prevail; re-establish these hospitals and this prevalence will be checked; hundreds of soldiers who now fill the hospitals will then be doing their duty, and, instead of labouring under a disease which they may very likely transmit to their children, they will then be healthy and in due time the fathers of healthy families.

"3. If these opinions were correct, we should not hesitate to urge that the lock hospital system should be re-established in India without delay, and that it should be carried out with unremitting care and attention; but, unfortunately, the facts do not support such opinions. . . .

"8. We have said that the hopes of reducing venereal disease among the troops by means of lock hospitals which were formed by the Sanitary Department in India, were not realised. **Not only did these hospitals fail to effect a reduction in the ratio of venereal cases among European troops, but, as it happens, these diseases increased during the term of years in which they were in full operation.** On this point we may refer to our memorandum on the Report of the Sanitary Commissioner with the Government of India for 1889.

"10. The facts, so far as we can ascertain them, lead us to the conclusion that a compulsory lock hospital system in India had proved a failure, and that its re-institution cannot consequently be advocated on sanitary grounds. In stating this conclusion, we may add that we are merely repeating the opinion which the Army Sanitary Commission have uniformly held, that venereal diseases in the Army of India could not be repressed by such restrictive measures, and in support of this statement we may refer to the

memoranda on the Indian Sanitary Reports which have issued from this office for many years. We believe that the best practicable means of diminishing the prevalence of these diseases is to be found in establishing a system of voluntary lock hospitals, and in providing the soldier, as far as possible, with healthy occupation and recreation.

"11. . . . Commanding officers should also be urged to encourage in every way all forms of athletic amusement, as physical fatigue acts as a deterrent to sexual indulgence.

"12. . . . We may remark that statistical returns from the Army Medical Department, showing the amount of venereal disease in the Army at home during the period when the Contagious Diseases Acts were in force as compared with the period since their abolition, do not show that any more favourable results obtained during the time the Acts were in operation. . . . As a matter of fact, the ratio of admissions per 1,000 has decreased since the Acts have been abolished." (Parliamentary Paper, No. 318, of 1895, Pages 25-28.)

#### THE AUTHORITY OF PARLIAMENT DISREGARDED.

(44.) 31st August, 1893. A Departmental Committee (appointed by Lord Kimberley to enquire into the truth of allegations, that, notwithstanding the resolution of the House of Commons of the 5th June, 1888, the practices therein alluded to had not been discontinued) reported that in all the stations in regard to which the allegations had been made and evidence given, such practices were still being carried on; and "(7.) That 'this system and the incidental practices above described did 'not . . . accord with the accepted meaning and intention 'of the Resolution of the House of Commons.'" (Blue Book, [C.-7148], of 1893, Page xxv.)

It seems probable—though proof would now (1896) be difficult—that at many, or all, of the other cantonments in India, practices prevailed similar to those proved to exist in all the stations where the investigations had been made; and it will be remembered that a similar disregard of orders is stated to have prevailed between the years 1830-38. (Compare paragraph 2.)

#### DECLARATION OF THE SECRETARY FOR WAR.

(45.) 13th June, 1894. During a debate in the House of Commons, on Army Estimates, the Right Hon. Sir Henry Campbell-Bannerman, Secretary of State for War, said:—"I approach this subject from a very neutral position, because I 'was never what may be called a fanatic in opposition to the 'Contagious Diseases Acts. I did not take the extreme view 'that was adopted by some of my hon. friends. . . . With 'regard to India, . . . the very best advice I can obtain 'goes to show me that the disease was not materially diminished

## Supplementary Note to "The History of a Sanitary Failure."

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Six months after I compiled this pamphlet, the Association which is agitating for the re-imposition of the Contagious Diseases Acts in India and in England, thought it worth while to publish a letter from the pen of its Vice-Chairman severely criticising my quotations as being one-sided and misleading. This gentleman seems to have conceived the curious idea that it was my business to set forth certain opinions in a contrary direction which have been from time to time uttered by military and medical officers, and some subordinate Governments, from the limited range of their observation, as of equal authority with the deliberate utterances of the Viceroy in Council in 1882, and of the Secretary for War in 1894, and the re-iterated declarations of the Army Sanitary Commission, the highest authority on questions affecting the health of the Army. It must be remembered that the utterances of those great authorities were made by them with the full knowledge that such contrary opinions had been from time to time expressed.

My critic has not read my pamphlet with much care. Had he done so, he would have seen that its scope was strictly limited, so limited that I made scarcely any reference to that objection to the Regulation System to which I attach by far the greatest importance, viz.: the moral and religious objection; hence there is no force in his criticism that I omitted a passage bearing on the question of remedies, which indeed contained two proposals of which I highly approve.

Further, my pamphlet stated on page 3: "It will not attempt to give a complete history," and on page 6, that it is impossible to utilise more than a small proportion of the available material at my disposal, and that so far as the Army Sanitary Commission was concerned, I had taken extracts "in part from the earlier years, in part from about the middle, and in part from the latest available years." In the face of this my critic makes his complaint against me relate very largely to the year 1888, with which I had not dealt at all.

My critic, like other admirers of the C. D. Acts, makes much of the fact that a Memorandum of the Army Sanitary Commission

(issued since the publication of my pamphlet) indicates a change of tone on the part of that body. But he does not mention what it is exceedingly important should be widely known—that a strong opponent of the Regulation System (Surgeon-General J. M. Cunningham, an officer of great Indian experience) is no longer a member of the Army Sanitary Commission—that the names of two other former members have also disappeared from the list—that these gentlemen have been replaced by three others—and an additional member has been placed on the Commission, making nine members instead of eight as formerly. I do not know the reason of these changes, but it is obvious that they may very adequately account for the change in the tone of the recent Memorandum.

One other fact should be mentioned in this connection. Surgeon-Colonel J. Richardson, M.B., was placed on the Army Sanitary Commission so recently as July, 1896, and four months later was made a member of Lord Onslow's Departmental Committee. I venture to doubt whether a double appointment of this peculiar kind will commend itself to public opinion.

HENRY J. WILSON.

*July, 1897.*

It seems probable that Surgeon-Colonel J. Richardson referred to above is identical with Surgeon-Major J. Richardson who, in April, 1887, was the Officiating Sanitary Commissioner for the N.W. Provinces and Oudh. He signs the report referred to in par. 38 of this pamphlet, and in par. 61 of that report he recommends that certain registered women at Roorkee, who were living "more than a mile away in the town," should have quarters provided for them in Cantonments—that is, as near as practicable to the soldiers.



“when extreme restrictive practices and regulations were enforced, and that since these extremely rigorous regulations have been removed, no material increase of disease has manifested itself.”

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#### AN AUDACIOUS PROPOSAL.

(46.) 26th August, 1896. *The Morning Post* (Allahabad), in a leading article, suggested that a society should be set on foot for the purpose of establishing brothels on a sort of philanthropic basis. It says:—“The matter is a delicate and unpleasant one, but this should not be made a reason for shirking it as there has hitherto been too much inclination to do. If money were available, there would be little difficulty in getting responsible people to support and conduct well-managed establishments in every cantonment; and we cannot see how this would infringe any enactment on the subject. . . . The fanatics, of course, would shriek, but are their shriekings at all worth considering . . . ?”

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#### THE LANCET ADMITS FAILURE.

(47.) 12th September, 1896. *The Lancet* says:—“Taking the lock hospital system as it existed and as it was worked in the past, there can be no doubt that the results were disappointing, but we do not at all argue from that that it should be abolished; on the contrary, the whole system should be amended and reconstructed, and a new machinery introduced, with a view of seeing whether something far more efficacious cannot be designed. . . . What is wanted is to see if some new, simple, and practical plan cannot be designed to cope with the evil. . . .”

It is clear that the *Lancet* is conscious of complete failure. It is not known whether the editor contemplates the proceedings recommended by the Allahabad *Morning Post*.

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#### CONCLUSION.

(48.) It is to be hoped that those who have suggested—in the House of Commons, in the newspapers, and elsewhere—that the Regulation system should be re-established in India, were ignorant of its utter failure in the past, and unconscious of its inherent immorality.

In the examination of the documents from which the quotations have been taken, there has not been found a trace of evidence that any one man of the thousands—mostly young—annually sent to India, has ever had a single word of advice, official or unofficial, urging him to lead a moral life.

Is it not high time to do something in this direction, and to abandon all idea of repeating futile efforts to make vice safe and even attractive?

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*Further information will be afforded on application to the Secretary, British Committee of the Federation, 17, Tothill Street, Westminster; or to the Author, Osgathorpe Hills, Sheffield.*

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